

**CSTI Training Certification Card
Form for "Individuals"**

CSTI Course # : _____
Course Title: _____
Course Date(s): _____
Instructor's Name : _____
Location of Course: _____

Today's Date _____

Name of person requesting card(s):

Please Print in Ink

Your Phone Number: _____

Mailing Address: _____

A \$10.00 processing fee is charged for each card. Mail Order Form along with a **check made payable to State of California, OES** to:

**Include your
LOCAL SALES TAX**

CSTI, Attn: Outreach Program
P.O. Box 8123
San Luis Obispo, CA 93403-823
Susan.Kocher@oes.ca.gov.
Questions: 805/549-3534.

City: _____ **/ County:** _____ **Local Sales Tax %** _____

Number of Cards ____ **x \$10.00 = \$** _____ **+ Sales Tax \$** _____ **=**

Total Amount Enclosed: \$ _____ **Check #:** _____

(If possible, please attach a copy of your CSTI Certificate.)